

## **OAR System Checklist**

### **A). When the house is initially occupied.**

1. Go to the site and provide start up services, meet with the owners to review the system.
2. Return to the site and provide start up services after one week's operation.
3. Return to the site and provide two week system check.
4. Return to the site and provide one month system check.
5. Return to the site and provide a quarterly check for the first two years, furnish and install carbon and bacteria. Furnish a report to the owner, local board of health and DEP. Acquire samples as required by the DEP and local approving authority and arrange for testing.

### **B). Inspect Septic Tanks for Required Pumping under the Following Criteria.**

1. Inspect the condition of the tanks.
  2. Measure the distance between bottom of scum/grease layer and bottom of the outlet baffle.
  3. Measure the distance between top of scum layer and top of outlet tee.
  4. Measure the thickness of the scum/grease layer.
  5. Measure the sludge layer and distance from sludge to outlet tee.
  6. Inspect the condition of the inlet and outlet tees.
  7. Report any evidence of leakage into or out of the tank.
  8. Report any evidence of any backup of effluent.
- \* Pumping required if : 1.) Sludge is within 24" of outlet tee or baffle. 2.) Bottom of the scum layer is within 2" of the bottom of the outlet tee. 3.) Top of the scum layer is within 2" of top of the outlet tee.

### **C.) Inspect the Vents for Evidence of Clogging and/or Blockage (If Applicable).**

Annually inspect vent tee and insure insect screen is in place and that no bird or insect nest is blocking the vent. (Replace if Necessary)

### **D.) Inspect Components and Maintain Carbon and Bacteria in the Tommybox<sup>®</sup>.**

**Owner and Address of System to be Inspected:**

Telephone

Signature of Owner: \_\_\_\_\_ Date

**Name and Address of Inspector:**

Inspector's Name

Environmental Operating Solutions Inc.

Telephone 1-508274-1592

Signature of Inspector: \_\_\_\_\_ Date

License No. \_\_\_\_\_ Issue Date

Annual fee for the services described above: